Documenting Safeguarding Concerns / Correspondence Within GP Medical Records: An Overview Guide

Incorporating sample policies for recording episodes when a child or vulnerable adult ‘was not brought’

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Introduction

Safeguarding of children and vulnerable adults is a vital role of the General Practitioner (GP).

GPs are in a unique position with regard to safeguarding as they often have oversight of a whole family, and may therefore be privy to information both directly regarding a child or vulnerable adult, and also regarding their parents or caregivers. This information might give some insight into factors in the parent / carer that might impact on their ability to provide adequate care for that person.

As a result of the pivotal and “family focussed” role GPs play, they are frequently copied in to all manners of correspondence from a variety of agencies, and in some case might be in a strong position to piece together the jigsaw and identify a concerning pattern that might represent the risk of abuse.

Whilst a traditional “family doctor” or a single handed GP might well know their patients and their families intimately, the models within General Practice are ever changing: Different members of a family might now consult with different doctors within a practice; patients might consult with locum doctors deputising for a regular GP; patients might consult with GPs in the out-of-hours setting, or with different GPs in a “neighbourhood” and patients or families might move between GP practices. In view of this, it is vital that safeguarding concerns are adequately documented, in order to ensure that potential safeguarding concerns are recognised and steps taken to protect a child where necessary. Consistency in documentation across practices allows this information to be readily identified as patients move, or as GPs consult with patients from different practices.

GPs often ask how certain reports or information should be handled in terms of recording, scanning and Read coding. This handbook of flowcharts will hopefully help to clarify these processes and will then establish some consistency with regards the documentation in Oxfordshire.

There may be correspondence received which is not detailed within these charts. There may also be times where the flowchart’s suggestion does not seem appropriate for whatever reason. Where there are any concerns, please feel free to contact the Safeguarding team at Oxfordshire CCG for further discussion and clarification.
10 Top tips when documenting possible safeguarding concerns.

1. Document clearly what you have been told, by whom, and what you have done and plan to do with the information.

2. Record information factually. Where opinion must be stated, ensure it is clear that this is opinion.

3. When consulting with a child / vulnerable adult, document whether they have come alone, or if accompanied document who by (ask, don’t presume...)

4. Use standard Read codes – this enables practitioners to see immediately if there have been historic concerns. Using consistent Read codes is also safer when patients move between practices, or consult other clinicians within a “neighbourhood”.

5. Use standard Read codes EVERY TIME there is new information. Adding a “review” to the pre-existing Read code enables practitioners to “pull together” all relevant consultations easily.

6. See the child / vulnerable adult within the context of their family / carers. See the child behind the adult and the adult behind the child. Where you have concerns about a child, explore the siblings and care-givers records to see if there is a pattern of concerns. Where relevant, document concerns on the notes of all close family members.

7. When documenting third party information on medical notes try to keep it anonymised (E.g. “family member (NHS no. XXXXXXXXX) in household is alcohol dependent”). Only document third party issues that are significant.

8. If it is felt necessary to record non-anonymous third party information, then ensure there are adequate flags to enable it to be redacted. The code 9LL “Record contains third party information” will help with this.

9. Where consultation entries contain third party information, toggle the online visibility to: “Do not display on the patient’s online care record” to ensure the information is kept confidential.

10. Ensure that before any records leave the practice to external agencies (e.g. solicitors etc.) that third party information is sought out and redacted as appropriate. This should include ALL entries with the 9LL read code attached, and any entries marked as unsuitable for online viewing. In addition, child protection case conference minutes and MARAC reports do NOT belong to primary care and as such we have no right to share these with anyone and they must ALWAYS be removed.
The GP consultation – Potentially vulnerable or “at risk” child

During a consultation in Primary Care it might become apparent that a child might be at risk as a result of something in their own health, or that of their parents or caregiver(s). It is important to ensure that this consideration is documented and risks balanced / discussed / shared as appropriate.

1. Child discloses something that suggests a possible risk
   - Do NOT promise absolute confidentiality
   - Advise that we have a duty to share information where we have reason to believe that a child is at risk of harm.

2. Document the consultation thoroughly, using the child’s own words where possible
   - Read code the consultation
   - Add 13WX “Child is cause for safeguarding concern”

3. Consider need to flag risk on sibling / parents records

4. Consider need to gather more information (e.g. from health visitor, school nurse)

5. Consider need to share information (e.g. from health visitor, school nurse, children’s social care)

6. Document what information has been shared and with whom. If sharing without consent, document what the justification was for this.

7. If so, use as little identifiable information as possible & protect confidentiality. Example:
   - Family member (NHS no: XXXXX) reports X,Y&Z
   - Add Read code 9LL “Record contains third party information”
   - Toggle “Do not display on the patient’s online care record”

Principles with regards sharing information:
- Seek consent to share information where possible
- If consent is refused, share only if risk of not sharing is significant
- When sharing information, only share information that is necessary, proportionate, relevant, accurate, timely and secure
During a consultation in Primary Care it might become apparent that a vulnerable adult might be at risk as a result of something in their own health, or that of their caregiver(s). It is important to ensure that this consideration is documented and risks balanced / discussed / shared as appropriate.

Vulnerable adult discloses something that suggests a possible risk

Document the consultation thoroughly, using the patient’s own words where possible

Read code the consultation
Add 9Ng1 “Adult safeguarding concern”

Has the adult in question got capacity?

Yes

Do they consent for information to be shared?

Yes

Share relevant information with Adult Social care / Police as appropriate

No

Advise that we have a duty to share information

Consider need to share relevant information with Adult Social care / Police as appropriate in the absence of consent

No

Is there a potential risk to anyone else? (For example if the abuser is a carer for other people also)

Yes

Document what information has been shared and with whom. If sharing without consent, document what the justification was for this.

No

Consider need to share relevant information with Adult Social care / Police as appropriate in the absence of consent

Principles with regards sharing information:
- Seek consent to share information where possible
- If consent is refused, share only if risk of not sharing is significant
- When sharing information, only share information that is necessary, proportionate, relevant, accurate, timely and secure
The GP consultation – Parent or carer posing a potential risk

During a consultation in Primary Care it might become apparent that a child or vulnerable adult might be at risk as a result of the health of their parents or caregiver(s). Examples of circumstances where this may be relevant include (but are not limited to) cases of mental health, learning difficulties, substance misuse and domestic abuse. It may also be relevant when a parent / carer has a significant physical illness that might impair their ability to fulfil their caring responsibilities.

1. Parent / carer discloses something that suggests a possible risk
2. Do NOT promise absolute confidentiality
3. Document the consultation thoroughly
   - Read code the consultation
   - Add 13WX “Child is cause for safeguarding concern” or
   - Add 9Ngj “Adult safeguarding concern”
4. Consider need to flag risk on the children’s siblings records
5. Consider need to gather more information (e.g. from health visitor, school nurse)
6. Consider need to share information (e.g. from health visitor, school nurse, children’s social care)
7. Document what information has been shared and with whom. If sharing without consent, document what the justification was for this.
8. Advise that we have a duty to share information where we have reason to believe that a child or vulnerable adult is at risk of harm.
   - If so, use as little identifiable information as possible & protect confidentiality.
   - Example:
     • Family member (NHS no: XXXXX) reports X,Y&Z
     • Add Read code 9LL “Record contains third party information”
     • Toggle “Do not display on the patient’s online care record”

Principles with regards sharing information:
- Seek consent to share information where possible
- If consent is refused, share only if risk of not sharing is significant
- When sharing information, only share information that is necessary, proportionate, relevant, accurate, timely and secure
ED Attendance report received

Who has attended ED?

A child

Think: Could this be safeguarding?
- ED has flagged as SG risk
- Medical problem – did the child present late / in extremis?
- Injury – is there an explicable mechanism & does the mechanism fit the injury?
- Supervision – did the incident occur due to suboptimal supervision?
- Mental health / self-harm?

Review records – is there a pattern of concern, or any pre-existing concerns in the household / family?

Consider need to gather further information (health visitors, school nurses, CAMHS etc.)

Is there still a concern?

Consider if you need to share the information with other agencies (e.g. health visitor, school nurse, children’s / adult social care)

An adult

Think: Could this be safeguarding?
- Is the person a parent or does the person live with, or have regular contact with children?
- Could the condition presenting with impair their ability to care adequately?
  - Mental health?
  - Self-harm?
  - Drugs / alcohol?
  - Serious illness / debility?
  - Domestic abuse?
  - (NB do NOT code on alleged perp if unaware).
- Is the adult themselves vulnerable?
  - Dementia?

Read code
Enter a consultation as an “administration note”

- Problem: Add 13WX “Child is cause for safeguarding concern” to child’s notes as Active Significant problem (Where a vulnerable adult is the cause of concern use 9Ngj “Adult safeguarding concern”)
- Freetext in comments section a synopsis of the concern (e.g. “child attended ED having ingested bleach. Concern over possible lack of supervision”) and actions taken (e.g. information shared with health visitor).

Enter a consultation as an “administration note” onto relevant siblings / parents notes

- Problem: Add 13WX”Child is cause for safeguarding concern” to siblings & parents notes (Where a vulnerable adult is the cause of concern use 9Ngj “Adult safeguarding concern” to relevant family members / care-givers notes)
- Freetext in comments section a synopsis of the concern trying not to identify the individual directly (e.g. “family member (NHS no XXXXXXX) presented to ED having ingested bleach. Concern over possible lack of supervision”)
- Consider whether the information is suitably anonymized, and if not then take steps to protect it (see top tips)
“Cause for Concern” - CHILD

What is this? A notification from another agency (usually the FT) wherein a possible safeguarding issue has been identified. These might relate to a child, a vulnerable adult or a parent/care giver. They are sometimes also used to share non-safeguarding information about a child who has an allocated social worker.

Information sharing only

Are you already aware there are safeguarding concerns?

No

Yes

Scan onto medical record

Read code

Enter a consultation as an “administration note”

- Problem: Add 13WX “Child is cause for safeguarding concern” to child’s notes as Active Significant problem (Where a vulnerable adult is the cause of concern use 9Ngj “Adult safeguarding concern”)

- Freetext in comments section a synopsis of the concern (e.g. “child attended ED having ingested bleach. Concern over possible lack of supervision”) and actions taken (e.g. information shared with health visitor).

- Consider need to Read code onto other family members’ notes also

Is this a genuine safeguarding concern or information sharing?

Genuine safeguarding concern

Scan onto medical record

Are you already aware there are safeguarding concerns?

No

Yes

Is any action required, and if so by whom?

No

Yes

Email practice SG lead

Do you have any other information you feel appropriate to share?

Consider if consent will be required

Share relevant information only
What is this? A notification from another agency (usually the FT) wherein a possible safeguarding issue has been identified. These usually relate to a presentation by an adult who has responsibilities as a parent/care giver that has given cause for concern. The cause for concern will usually list the names of the children, though will have the adult ED attendance note attached. They are commonly used if a parent attends with drug or alcohol use, mental health problems or self-harm, or if there is suspected or alleged domestic abuse.

Scan cause for concern onto adult’s records
Read code: Enter a consultation as an “administration note”
• Problem: Add 13WX “Child is cause for safeguarding concern” to adult’s notes as Active Significant problem (Where a vulnerable adult is the cause of concern use 9Ngj “Adult safeguarding concern”)
• Freetext in comments section a synopsis of the concern (e.g. “Patient attended ED expressing suicidal thoughts. Has 2 young children at home”) and actions taken (e.g. information shared with health visitor).

DO NOT scan cause for concern onto child’s notes
Read code: Enter a consultation as an “administration note”
• Problem: Add 13WX “Child is cause for safeguarding concern” to child’s notes as Active Significant problem (Where a vulnerable adult is the cause of concern use 9Ngj “Adult safeguarding concern”)
• Freetext in comments section a synopsis of the concern (e.g. “Family member (NHS no: XXXX attended ED expressing suicidal thoughts.”) and actions taken (e.g. information shared with health visitor).
• Add Read code 9LL “Record contains third party information”
• Toggle “Do not display on the patient’s online care record”

Is the adult registered with you?

Is the adult registered with you?

Are the children / vulnerable adults registered with you?

Are the children / vulnerable adults registered with you?

Link family relationship on EMIS

Link family relationship on EMIS

Is any action required, and if so by whom?

Is any action required, and if so by whom?

Inform practice SG lead

Inform practice SG lead

Do you have any other information you feel appropriate to share?

Do you have any other information you feel appropriate to share?

Consider if consent will be required

Consider if consent will be required

Share relevant information only

Share relevant information only

Return cause for concern to person who sent it, advising who is not registered

Return cause for concern to person who sent it, advising who is not registered
Child protection case conferences are multi-disciplinary meetings held to discuss individual children or families when there are significant concerns of abuse or neglect. GPs are informed when these meetings are to be held and are invited to attend. If unable to attend, the GP who knows the family best should make apologies and provide a factual report of the relevant information from the records of the relevant children and parents / significant caregivers. Whilst it is best practice to gain consent from the parents to disclose information, concerns are usually at a significant enough level to share relevant information without consent is refused or unobtainable.

**Invite to case conference received**

GP writes factual report using the CP safeguarding conference template (or dictated letter - see box for what information should be included)

**Scan invite letter onto records of relevant children & parents. Add Read codes 64c “Child protection procedure” and 9LL “Record contains third party information”**

**GP able to attend conference?**

No

Yes

**GP reviews relevant records in advance of case conference**

Inform parents that a case conference report has been written & allow them the chance to review if they wish to do. Ensure third party information is redacted before the report is reviewed. Timescales should not be so long as to delay information sharing in advance of the case conference. Information can be shared without a patient reviewing the report or consenting to it being sent if felt by the GP to be factual, relevant and proportionate.

**Report to be sent to OSCB on CCACity@Oxfordshire.gov.uk.cjsm.net**

Save report onto each clinical record and toggle ‘do not display on online record’. Read code 9Eq “Child protection conference report submitted” and 9LL “Record contains third party information” onto all relevant notes

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**Information to consider including in a CP case conference report:**

**Children:**
- Birth history / neonatal history (if relevant)
- Development (if relevant)
- Current Medical problems, prescribed medication & compliance
- Significant past medical problems
- Current / past psychological & emotional problems
- Number of missed appointments / DNAs at practice.
- Other services involved in past & at present (e.g.: Paediatrician, CAMHS, SLT, orthoptics, A&E / OOH attendances)
- Number of DNAs with other services
- Immunisation history
- Historic safeguarding involvement
- Current safeguarding concerns & overview

**Adults:**
- Relationship to the child
- Significant health issues that might impact on ability to provide safe & consistent care (e.g. mental health issues, learning difficulties, physical health complaints that might impact on parenting capacity)
- Relevant medication that might impact on parenting capacity
- Compliance with medication (where relevant)
- Any known drug and/or alcohol issues
- Any known domestic abuse
- Any other professionals working with the family

**Overview:**
- Any specific actions that you would request the conference to address (e.g. asking to ensure the child is brought for imms / asthma review etc.)
These are the minutes taken during the child protection case conference. They will detail all of the issues that lead to convening the case conference as well as details about all of the strengths & concerns around the child that were discussed at the conference. Towards the end of the report it will be confirmed which children (if any) have been made subject to multi-agency child protection plans (CPPs), or which children have been stepped down from CPPs.
The Looked After Children (LAC) team will alert a GP practice when one of their patients becomes a “Looked after Child”. This usually means that they have been taken into foster care, which could be with a formal foster carer or with a family member. Sometimes they will be “looked after at home”, meaning that social services will have responsibility for the child, but they will still be living at home with their parent(s). Looked After Children are often very vulnerable & may have significant unmet health needs as a result of historic abuse or neglect.
The Looked after Children team undertake a review every 12 months to ensure that the child’s needs are being met. As part of this review they need to understand about any current or outstanding health issues. As the child will have had an initial medical, this report need only describe the care since their last review.

Letter received advising a child is looked after

Dictate report to LAC team including:
• Any significant physical health developments
• Any significant mental health issues
• Any contraceptive needs
• Any hospital contacts
• Any missed appointments
Ante-natal booking concerns

A GP may become aware that a woman is pregnant through a number of means: The patient may advise the GP themselves, or the pregnancy might be diagnosed by the GP in surgery. Alternatively the GP might receive a report from the Early Pregnancy Unit advising of a viable pregnancy. When a woman books with a midwife the midwife will communicate to the practice that a lady is pregnant and the ante-natal booking blood results will also be sent to the GP practice via the lab-links system. The midwives can communicate to the practice if they have concerns, but it is also important that the GP communicates with the midwife, as they may be aware of other concerns also.

**GP informed / becomes aware of pregnancy**

**Action:** Read Code 62 “Patient pregnant” and add estimated due date if known

**Check:** Has midwife flagged any concerns on booking notification?

**Yes**

Add Read code 13If0 “Unborn child is cause for safeguarding concern” as active, significant problem

Freetext reason for concern as detailed on midwife booking notification. If no information, contact midwife for clarification & details.

**No**

Check: Are there any (additional) concerns noted on GP record?

Think about:
- Previous safeguarding codes / child protection procedures?
- Any history of substance misuse?
- Any history of mental health problems?
- Any history of domestic abuse?
- Any health problems in parents that might make it difficult to care for a child?
- Were the mother or father themselves Looked After Children?

**Yes**

Add Read code 13If0 “Unborn child is cause for safeguarding concern” as active, significant problem

Freetext reason for concerns

Communicate any additional concerns to the relevant midwife

Add patient to agenda for safeguarding MDT

**No**

Amend “Unborn child is cause for safeguarding concern” to a past problem

**At birth of the child**

Link mother & child through relationship links on EMIS

Review the records – is there still a concern?

**Yes**

Amend “Unborn child is cause for safeguarding concern” to a past problem

Add 13WX “Child is cause for safeguarding concern” to records of both mother & baby

Freetext nature of concerns onto both records, toggle ‘do not make visible on line’ and add 9LL “Record contains third party information”

Communicate presence of & nature of concerns to relevant Health Visitor

**No**

Amend “Unborn child is cause for safeguarding concern” to a past problem
Domestic abuse notification from police or other agency

When the police are called to a domestic incident they may choose to share this fact with the victim’s GP. They will always send a report when there are children at home or if the level of risk to the victim is felt to be very high. This is based upon the DASH checklist. It is very important that any reports of domestic abuse are handled sensitively and that confidentiality is guarded closely, as accidental disclosure to the perpetrator could increase the risk to the victim dramatically.

If the report describes an unsubstantiated incident (eg allegation made and then withdrawn) then code this as ‘Police report of domestic incident received’.

Police domestic incident report received which describes abuse

- Scan onto records of the victim
  - Read code 14XD “History of domestic abuse”
  - Read code 9LL “Record contains third party information”
  - Read code 13WX “Child is cause for safeguarding concern” (if children in the household)
  - Free text any relevant narrative
  - Toggle online visibility to “Do not display on the patient’s online care record”

- Scan onto records of any children in the household
  - Read code 14XD “History of domestic abuse”
  - Read code 9LL “Record contains third party information”
  - Read code 13WX “Child is cause for safeguarding concern” (if children in the household)
  - Free text any relevant narrative
  - Toggle online visibility to “Do not show on online record”

Is it clear that the alleged perpetrator is definitely aware of the police involvement?

- Yes
  - Scan onto records of the perpetrator
    - Read code 14XD “History of domestic abuse”
    - Free text any relevant narrative, including their status as alleged perpetrator
    - Read code 9LL “Record contains third party information”
    - Read code 13WX “Child is cause for safeguarding concern” if they have children at home or access to children
    - Toggle online visibility to “Do not display on the patient’s online care record”

- No
  - Do NOT record anything on the perpetrator’s records
  - Ensure that any entries flagged with the 9LL “Record contains third party information” read code are redacted before disclosing them to any third parties, including parents of children.
Management of information disclosed about domestic violence to clinicians in primary care

(source: RCGP Guidance on recording domestic violence, June 2017)

Victim discloses DVA to clinician in the practice

<table>
<thead>
<tr>
<th>Person</th>
<th>Electronic health record</th>
</tr>
</thead>
</table>
| Victim                      | Record disclosure using **History of domestic abuse**  
Note nature of abuse as free text  
Hide the consultation from online access |
| Child or vulnerable adult    | Record disclosure using **History of domestic abuse**  
Note nature of abuse as free text  
Hide the consultation from online access |
| Perpetrator                 | Do not record                                     |

Perpetrator discloses DVA to clinician in the practice

<table>
<thead>
<tr>
<th>Person</th>
<th>Electronic health record</th>
</tr>
</thead>
</table>
| Victim                      | Record disclosure using **History of domestic abuse**  
Note disclosure by perpetrator and nature of abuse as free text  
Hide the consultation from online access |
| Child or vulnerable adult    | Record disclosure using **History of domestic abuse**  
Note nature of abuse as free text  
Hide the consultation from online access |
| Perpetrator                 | Record disclosure using **History of domestic abuse**  
Note disclosure by perpetrator and nature of abuse as free text |

Child discloses DVA to clinician in the practice

<table>
<thead>
<tr>
<th>Person</th>
<th>Electronic health record</th>
</tr>
</thead>
</table>
| Victim                      | Record disclosure using **History of domestic abuse**  
Note source of disclosure as free text  
Hide the consultation from online access |
| Disclosing child or vulnerable adult | Record disclosure using **History of domestic abuse**  
Record disclosure verbatim as free text  
Hide the consultation from online access |
| Perpetrator                 | Do not record                                     |
MARAC (Multi-Agency Risk Assessment Conference) is a process wherein professionals from various agencies (health, social care, police etc.) meet to discuss cases of very high risk domestic abuse to help develop a safety plan for the victim & their children. The cases discussed at MARAC are those where there is felt to be a significant risk of severe harm or even domestic homicide. Full minutes of the meeting are not presently circulated to GPs, but can be obtained by contacting OxfordHealth Safeguarding team (who support Health Visitors) if required.
MASE (Multi-Agency Sexual Exploitation) conferences are multi-agency meetings convened when a young person is felt to be at high risk of sexual exploitation. At present GPs are not asked to contribute to MASE conferences but are informed after one has taken place. Full minutes are not presently circulated to GPs but can be obtained by contacting Kingfisher Team on 01865 309196 if required.

MASE letter received

Scan onto records of the young person concerned

Read code onto the young person’s notes:
13VX “At risk of sexual exploitation”
13WX “Child is cause for safeguarding concern”

Freetext in any specific concerns
New patient registration of a child

It is good practice to identify any possible safeguarding concerns as early as possible. This is especially true when a patient registers with a practice as the records can take many weeks before they are transferred and summarized. Registration can be a good opportunity to confirm who is living with a child & to determine the family relationships within a household.

Child / Parent completes registration form

Check: Are there adults registered at the same address?

No

Check: Are there any safeguarding concerns regarding those adults?

Yes

Discuss with safeguarding lead

Consider if this is a safeguarding concern. Discuss with safeguarding lead

No

Check: What relation are those adults to the child? Action: Link family relationships in relevant section of registration

Yes

Discuss with safeguarding lead

Consider adding Read codes to flag the child’s records

No

Check: Has the child got a social worker or are they or have they ever been on a CPP?

Yes

Discuss with safeguarding lead

Consider adding Read codes to flag the child’s records

Consider need to discuss with other professionals

No

Check: Are there any safeguarding concerns regarding those adults?

Check: What relation are those adults to the child? Action: Link family relationships in relevant section of registration

Check: Has the child got a social worker or are they or have they ever been on a CPP?

Record

- Names of parents
- People with parental responsibility
- Child’s school
- Names & contact details of any professionals (e.g. health visitor, social worker, consultant, physio etc.) working with the family

Who has Parental Responsibility?

- ALL mothers automatically from birth
- A father who either
  - is or has been married to the mother OR
  - is named on the birth certificate OR
  - has a formal parental responsibility agreement with the mother authorized by a court OR
  - has a parental responsibility order from a court
- Same sex partners can also apply for parental responsibility through the court as a second mother or second father
- The local authority have parental responsibility for fostered children
- Adoptive parents have parental responsibility for the children once formally adopted

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The time when patients move between practices can be a risky time regarding safeguarding. Notes can sometimes take a while to transfer to the new surgery & there can be a further delay before these are summarized. Furthermore, some abusive families can deliberately move practices frequently and consult different healthcare providers in an attempt to avoid detection. It is imperative therefore that safeguarding concerns are communicated early to help reduce this potential risk.

**Practice receives notification that a patient is registering elsewhere**

- Are there any safeguarding flags on the notes? **Yes**
  - Inform safeguarding lead / safeguarding coordinator
- Are there (other) children at the same address? **Yes**
  - Have the other children also de-registered? **Yes**
    - Have the notes already transferred via GP2GP? **Yes**
      - Dictate letter to safeguarding lead at new practice
        - Details of pre-existing concerns
        - Details of ongoing concerns
        - Details of other professionals involved with family
        - Details of any outstanding issues – DNAs, appointments upcoming etc.
      - Details of the new practice can be found by emailing: pcse.informationservices@nhs.net
    - No
      - Is there still an adult with parental responsibility living with the children? **No**
        - Inform safeguarding lead / safeguarding coordinator
      - No
        - Determine why this might be – consider liaison with health visitors / school nurse
          - Consider referral to Children’s Social Care

- No
  - Are there (other) children at the same address? **No**
    - Have the other children also de-registered? **No**
      - No action needed
Appendix 1

Oxfordshire CCG
Safeguarding team

SAMPLE POLICY

SAFEGUARDING POLICY FOR VULNERABLE ADULTS AND CHILDREN WHO DO NOT ATTEND APPOINTMENTS (‘WAS NOT BROUGHT’)

(adapted from a policy written by Dr Nina Feghali, Stanmore House Surgery, with permission)

Staff at this practice are committed to ensure the safety and wellbeing of children and vulnerable adults who are registered with us.

This includes adherence to this policy for ensuring follow up of children and vulnerable adults who do not attend for appointments, routine immunisations, chronic health condition reviews and for appointment in secondary care settings.

Around seven million hospital appointments in England are missed annually. Whilst causing inconvenience and a waste of resources, more importantly, focus should be given to ensuring that these individuals do not face subsequent harm as a result of this.

Whilst competent adults can make decisions for themselves regarding their attendance, children and vulnerable adults rely upon parents/carers/guardians to ensure that they arrive for their planned appointment or test. The safeguarding implications of non-attendance have been identified as important and NHS or organisations are required to have policies in place as part of their safeguarding arrangements. It is estimated that around 1/3rd of paediatric non-attendances in hospital settings involve children and families known to social services.

This policy outlines the actions to be taken when:

1. The practice receives notification of a non-attendance in an outpatient setting (test or appointment)
2. There is non-attendance for routine immunisations by a child
3. There is non-attendance for chronic condition review – adults and children
4. A patient does not attend for a booked appointment at GP practice (adults and children)
5. Action to be taken if a patient arrives late for an appointment (policy applies to all healthcare professionals employed by GP practice on a permanent or temporary basis).

Non-attendance of outpatient appointment
Flowchart 1 outlines the actions that should be taken by staff when notification is received of a non-attendance at a healthcare setting outside of the surgery.

Non-attendance for chronic condition review (including asthma in children)
Flowchart 2 outlines the actions which should be taken by the surgery when a patient fails to come for review of their chronic condition despite being sent invitations from the practice.

Non-attendance for childhood immunisations
Flowchart 3 outlines the actions which should be taken if a child fails to attend a pre-booked appointment for childhood immunisations.
DNA appointment in surgery (adults and children)

Flowchart 4 outlines the actions which should be taken when an adult/child does not attend an appointment at Stanmore House Surgery.

Late arrivals for clinic appointments

- **Children will never be turned away from being seen by any member of staff if they arrive late for an appointment. This includes appointments for routine immunisations.**

- Adults who arrive late for an appointment will be seen if the clinician is still on the premises but will be asked to wait and they may be seen at the end of surgery. They will be given the opportunity to rebook if they prefer.

- Patients who frequently arrive late for their appointments will receive a letter from the practice stating that this has been noted and that late arrivals are disruptive to the running of the clinics and results in further pressure on clinical staff.
**FLOWCHART 1**

**ADULT**

- Reception staff workflow document to usual doctor or referring clinician if appropriate

- Doctor reviews clinical notes

- Concerning that appointment was missed and patient may suffer harm as a result – or other concerns from notes
  - Make entry in “comments” on Docman to record this and any action going forward
  - Capacity concerns or vulnerable Adult?
    - Speak to patient/carer/NOK to establish reason for DNA. ?? needs re-referral

- Patient is unlikely to suffer harm from non-attendance / reason in notes and no other concerns identified from notes
  - Make entry in “comments” on Docman to record this and any action going forward

- If outcome unsatisfactory and/or ongoing safeguarding concerns, refer case to practice lead GP for safeguarding

**CHILD**

- Reception staff
  1. code as ‘child not brought to appointment’
  2. workflow document to usual doctor or referring clinician if appropriate

- Doctor reviews clinical notes

- Concerning that appointment was missed and patient may suffer harm as a result – or other concerns from notes
  - Make entry in “comments” on Docman to record this and any action going forward

- Patient is unlikely to suffer harm from non-attendance / reason in notes and no other safeguarding concerns identified from notes
  - Make entry in “comments” on Docman to record this and any action going forward

- THINK FAMILY
  - No further action is required

- Contact family/carer to discuss non-attendance to establish why this occurred. Consider need for re-referral

- If outcome unsatisfactory and/or ongoing safeguarding concerns, refer case to practice lead GP for safeguarding
FLOWCHART 2

Non – attendance for chronic disease review

Adult

Practitioner codes ‘DNA’
Patient called again via letter. Recall and reception staff to check registered address with other filed correspondences.

No response to invitations x 3 – recall team to telephone patient.

Recall staff to inform usual GP

Usual GP to check for any capacity issues. ? vulnerable adult. Any other safeguarding issues.

No capacity concerns – GP to consider calling patient

Child

Practitioner codes ‘was not brought’
Patient called again via letter. Recall and reception staff to check registered address with other filed correspondences.

No response to invitations x 3 – recall team to telephone patient.

Recall staff to inform usual GP

Usual GP to review notes. ? any known safeguarding issues/other factors – INFORM LEAD GP FOR SAFEGUARDING

Inform lead GP for safeguarding if patient does not attend and safeguarding/vulnerability adult/capacity concerns.

Inform lead GP for safeguarding for all non-attendance of children for chronic disease reviews.
FLOWCHART 3

**CHILD DOES NOT ATTEND FOR IMMUNISATION APPOINTMENT – SHOULD BE RECORDED BY NURSE IN NOTES USING DEFINED READ CODES**

Child Health will re-book child for immunisation

**CHILD DOES NOT ATTEND FOR IMMUNISATION**

Child Health will re-book child for immunisation

**CHILD ATTENDS FOR IMMUNISATION**

NO FURTHER ACTION IS REQUIRED

**CHILD ATTENDS FOR IMMUNISATION**

NO FURTHER ACTION IS REQUIRED

**CHILD DOES NOT ATTEND FOR IMMUNISATION AT THIRD CALLING**

INFORM LEAD GP FOR SAFEGUARDING – who will contact family directly and review notes for other safeguarding concerns
**FLOWCHART 4**

**DNA IN SURGERY**

**ADULT**

- Clinician to review notes and code 'DID NOT ATTEND'
- Evidence of harm to patient through non-attendance?
  - Yes, potential harm identified/vulnerable adult/safeguarding issues
    - Clinician to ensure patient re-books – via reception or recall directly
      - Any unresolved issues, refer on to lead GP for safeguarding
  - No evidence to support harm from non-attendance from notes available and no other safeguarding concerns
    - No further action required

**CHILD**

- Clinician to review notes and code 'WAS NOT BROUGHT'
- Evidence of harm to patient through non-attendance?
  - Yes, potential harm identified/vulnerable child/safeguarding issues
    - Clinician to ensure patient re-books – via reception or recall directly
      - Any unresolved issues, refer on to lead GP for safeguarding
  - No evidence to support harm from non-attendance from notes available and no other safeguarding concerns
    - No further action required
### Appendix 2

#### Recommended Read codes (be aware that SNOMED codes will be different)

<table>
<thead>
<tr>
<th>Read Code</th>
<th>Read Code meaning</th>
<th>Whose notes should this be applied to?</th>
<th>When should this code be applied?</th>
</tr>
</thead>
<tbody>
<tr>
<td>13WX</td>
<td>&quot;Child is Cause for Safeguarding Concern&quot;</td>
<td>Child in question &amp; all relevant family members</td>
<td>All situations where child maltreatment / risk is considered a possibility. This code could feasibly be used for all potential safeguarding issues as it then allows them to be easily linked together, so the free text entries can bring the context. This will likely be the most commonly used safeguarding code. Please note is does not appear as 'significant active problem' and should be changed to appear as this. A CP flag will appear on notes.</td>
</tr>
<tr>
<td>9NgB</td>
<td>Child no longer safeguarding concern</td>
<td>All relevant children and family members</td>
<td>When after balancing the information previously coded under the 13WX code it is felt that there is no longer a significant risk to the child / children. This is a KILL code, which will remove the previous “Child is cause for safeguarding concern” CP alert &amp; pop-up</td>
</tr>
<tr>
<td>13if</td>
<td>&quot;Child is cause for concern&quot;</td>
<td>Child in question</td>
<td>Situations where something might make a child at risk, but not significant enough in isolation to warrant the previous code (for example a first attendance at ED after ingesting washing powder, or wherein a parent has mild-moderate depression not presently affecting parenting capacity) No flag will appear on the notes with this code.</td>
</tr>
<tr>
<td>9NZ1</td>
<td>Child not brought to appointment</td>
<td>Child in Question</td>
<td>When a child fails to attend an appointment at the practice or in secondary care.</td>
</tr>
<tr>
<td>387A</td>
<td>Initial child protection conference</td>
<td>All relevant children discussed.</td>
<td>Record outcome if not placed on child protection plan</td>
</tr>
<tr>
<td>3879</td>
<td>Review child protection conference</td>
<td>All relevant children discussed</td>
<td>Following a CP case conference whereupon the children were placed onto a child protection plan. A CP flag will appear. Categories: Emotional 12WT1 Physical 13WT2 Sexual 13WT3 Neglect 13WT4</td>
</tr>
<tr>
<td>13Iw</td>
<td>Subject to Child Protection Plan</td>
<td>All relevant children made subject to child protection plans</td>
<td></td>
</tr>
<tr>
<td>13lw</td>
<td>Child no longer subject to child protection plan</td>
<td>All relevant children who were previously on child protection plans</td>
<td>When a child is taken off a child protection plan after a case conference. This is a KILL code, which will remove the previous “Subject to Child Protection Plan” CP alert &amp; pop-up</td>
</tr>
<tr>
<td>13ly</td>
<td>Family member subject of child protection plan</td>
<td>Parents of children made subject to child protection plans</td>
<td>Following a CP case conference whereupon the children were placed onto a child protection plan</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>13Iz</td>
<td>Family member no longer subject of child protection plan</td>
<td>Parents of children who have been removed from a child protection plan. When a child / family are taken off a child protection plan after a case conference.</td>
<td></td>
</tr>
<tr>
<td>13iv0</td>
<td>Unborn child subject to child protection plan</td>
<td>Pregnant woman and the father of the child. Following a CP case conference whereupon the unborn child was placed onto a child protection plan.</td>
<td></td>
</tr>
<tr>
<td>13id</td>
<td>On child protection register</td>
<td>Suggest don’t use these as they can confuse.</td>
<td></td>
</tr>
<tr>
<td>13IM</td>
<td>Child protection register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8CM6</td>
<td>Child protection plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13IO</td>
<td>No longer on child protection register</td>
<td>‘KILL’ code for the codes above.</td>
<td></td>
</tr>
<tr>
<td>13IPO</td>
<td>Family member no longer on child protection register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13IS</td>
<td>Child in need</td>
<td>Child now subject to child in need plan. Following information from case conference.</td>
<td></td>
</tr>
<tr>
<td>13IT</td>
<td>Child no longer in need</td>
<td>Following information from case conference/social worker.</td>
<td></td>
</tr>
<tr>
<td>13IB1</td>
<td>Looked after Child</td>
<td>Child who has become “Looked After”. When you are alerted that a child is now formally “Looked After”.</td>
<td></td>
</tr>
<tr>
<td>9NgF</td>
<td>No longer subject to looked after child arrangement</td>
<td>Child who was previously ‘Looked After’. When a child is no longer formally “Looked After”, for example if after investigation they are returned to the care of their parent(s) or if they reach an age whereupon they are no longer the responsibility of the state.</td>
<td></td>
</tr>
<tr>
<td>8GE71</td>
<td>Own child has been fostered</td>
<td>Parents of the child who has become formally “Looked After”. When you are alerted that a child is now formally “Looked After”.</td>
<td></td>
</tr>
<tr>
<td>13IB1</td>
<td>Own child has been adopted</td>
<td>Birth parents of the child who has been adopted. When you are alerted that a child has been adopted.</td>
<td></td>
</tr>
<tr>
<td>13VX</td>
<td>At risk of Sexual Exploitation</td>
<td>All relevant children. Where it is identified that a child is a risk of CSE, for example if identified as high risk within the practice, or is discussed at a MASE (Multi-Agency at risk of Sexual Exploitation) conference.</td>
<td></td>
</tr>
<tr>
<td>14XH</td>
<td>Victim of sexual exploitation</td>
<td>Child or adult. When a child or adult is known to have been victim of SE.</td>
<td></td>
</tr>
<tr>
<td>14XD</td>
<td>History of Domestic Abuse</td>
<td>Victims and children within the household as relevant. Perpetrator when you are CERTAIN that they are aware of the disclosure. (See flowchart). When you become aware of domestic abuse within a household. Please refer to more detailed flow chart detailing what information should be stored within records &amp; how this can be kept confidential.</td>
<td></td>
</tr>
<tr>
<td>13Hm</td>
<td>Subject to Multi-Agency Risk Assessment Conference (MARAC)</td>
<td>Victim and children referred to within the letter. Where you are advised that a family are being discussed at a Multi-Agency Risk Assessment Conference (MARAC) for high level domestic abuse.</td>
<td></td>
</tr>
<tr>
<td>8T0B</td>
<td>Referral to MARAC</td>
<td>Victim and children if referral made.</td>
<td></td>
</tr>
<tr>
<td>K578</td>
<td>History of FGM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Family history of FGM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMISNQHO50</td>
<td>Elective home education</td>
<td>Child (finishes age 18). Note this is an EMIS code but will map to SNomEd when these are introduced.</td>
<td></td>
</tr>
<tr>
<td>9Ngj</td>
<td>Adult safeguarding concern</td>
<td>All relevant vulnerable adults or caregivers. When there is reason to suspect that a vulnerable adult might potentially be at</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Relevant Population</td>
<td>Event</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>9Ngk</td>
<td>Adult no longer safeguarding concern</td>
<td>All relevant vulnerable adults or caregivers</td>
<td>When you feel that they are no longer at a raised level of risk.</td>
</tr>
<tr>
<td>9NdL</td>
<td>Lacks capacity to give consent</td>
<td></td>
<td>When consent sought</td>
</tr>
<tr>
<td>2JR</td>
<td>Lacks mental capacity to make decision</td>
<td></td>
<td>When decision to be made</td>
</tr>
<tr>
<td>9NgzG</td>
<td>Standard authorization deprivation of liberty MCA 2005 given</td>
<td>The person subject to a DOLS</td>
<td>When you are informed that a person has been made subject to a Deprivation of Liberty Safeguard (DOLS)</td>
</tr>
<tr>
<td>9NgzW</td>
<td>No longer subject to deprivation of liberty under MCA 2005DOLS</td>
<td>The person no longer subject to DOLS</td>
<td>When you are made aware that a person is no longer subject to a Deprivation of Liberty Safeguard (DOLS)</td>
</tr>
<tr>
<td>13HI-1</td>
<td>Subject of Multi-Agency public protection arrangements (MAPPA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14XL</td>
<td>Victim of modern slavery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 9LL   | Record contains third party information                                     | Every relevant consultation           | Add this code to every consultation where third party information is mentioned or where you feel that inadvertent disclosure of the contents of the consultation to a third party might pose a risk.  
This allows the consultations to be easier found & redacted. |